

Guidance

A1: Mark an 'X' in the appropriate box.

- If the application relates to regulated work with children and you are already a member for regulated work with children then mark an 'X' in the box for 'Scheme Record Update'.
- If the application relates to regulated work with protected adults and you are already a member for regulated work with children then mark an 'X' in the box for 'Scheme Record'.

A2: Mark an 'X' in the applicable box/boxes. If the application relates to both regulated work with children and protected adults then cross both boxes.

A3: Mark an 'X' in the appropriate box.

- You should answer Yes if you already have a Scheme Record for working with the groups indicated at A2, eg if this application is for working with children and you already have a Scheme Record for working with children.
- Answer No if you do not already have a Scheme Record for working with the groups indicated at A2, eg if this application is for working with protected adults and you already have a Scheme Record for working with children.
- Answer No if this application is for working with children **and** protected adults and you already have a Scheme Record for working with only one of the groups.

A4: Mark an 'X' in the box for No.

B1: Enter your PVG Scheme membership number. This is the 16 digit number that was issued to you when you joined the Scheme. It can be found on your Scheme Record.

B2: Mark an 'X' in the appropriate box.

B3 to B5: Please enter your full name including any middle names.

B6: Enter date of birth. This should be provided in the format DD/MM/YYYY.

B7: Mark an 'X' in the appropriate box. If the answer is Yes then provide details on a separate sheet of paper.

B8: If the answer is Yes then it is mandatory to provide the relevant code and registration number(s)

C1: Please sign. It is important that the signature is kept within the border of the box provided.

C2: Please date.

B8: Regulatory Body Details

Regulatory Body Name	RB Code
Care Commission*	101
General Chiropractic Council	102
General Dental Council	103
General Medical Council	104
General Optical Council	105
General Osteopathic Council	106
General Teaching Council for Scotland	107
Health Professions Council	108
Nursing and Midwifery Council	109
General Pharmaceutical Council	110
Scottish Social Services Council	111

* Also known as The Scottish Commission for the Regulation of Care

Existing PVG Scheme Member Application



* PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
 * Please print in CAPITAL letters within the white boxes and do not make a mark on any other part of the form. We recommend you use blue or black ink.
 * Applicants should complete PARTS A, B, and C on page 1 of the form which are coloured lilac. The Applicant may also have to complete PART D depending on whether or not they are paying for the application. Please check payment arrangements before completing PART D. PARTS E and F should be completed by the registered body (if any) and PARTS G and H should be completed by the personal employer (if any).
 * **Mandatory fields are highlighted in yellow.** You must provide information in these fields or your application will be delayed.
 * Please make a note of the Barcode Number at the top of the page to assist with any future query.

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Scheme Membership Statement Scheme Record Scheme Record Update Scheme Membership Statement (Countersigned)

A2 Cross (X) each box that applies. This application relates to regulated work with: Children Protected Adults

A3 Are you already a scheme member in relation to ALL types of regulated work selected in A2? Yes No

A4 If you currently do not have an online account, do you wish to apply for one with Disclosure Scotland? Yes No

A5 Email Address

A6

PART B Personal Details (Read Note B)

B1 PVG Scheme ID 1 1 0 7 1 2 3 4 5 6 7 8 9 1 2 3

B2 Title Mr Mrs Ms Miss Other

B3 Surname B L O G G S

B4 Forename(s) J O A N N E L E S L E Y

B5

B6 Date of Birth 0 1 / 0 1 / 1 9 6 0

B7 Are there changes to your personal details that you have not already told us about? (See guidance) Yes No

If 'Yes' please supply these on a separate piece of paper.

Regulatory Body Details (see Guidance Notes)

B8 Have you registered with a Regulatory Body listed in the guidance notes since your last PVG Application? Yes No If 'Yes', enter details below.

B9/B10 Regulatory Body Code Registration No.

B11/B12 Regulatory Body Code Registration No.

PART C Declaration (Read Note C)

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.


C1/C2 Applicant's Signature Joanne Bloggs Signature Date 0 1 / 0 1 / 2 0 1 2

Guidance

E1: This section should be completed by the Safeguarding Coordinator. Mark an 'X' in appropriate box.

E2/E3: This section should be completed by the Safeguarding Coordinator. Enter 'Church of Scotland'.

E4/E5: This section should be completed by the Safeguarding Coordinator: Using the **"New Guidance on completing Section E5..."** which is included in the Scheme Record guidance for Safeguarding Coordinators, please choose a standard job title, eg Congregational Children's Worker, Pastoral Care Worker/Visitor, Congregational Youth Worker etc.

PROTECT – PERSONAL (WHEN COMPLETED)  0620110001833359

Registered Body: Countersignatory Details and Declaration

PART E Countersignature - To be completed by the Countersignatory (Read Note E)

Role Details

E1 Will the work be carried out at the home address of the Applicant? Yes No

E2 Organisation Name CHURCH OF SCOTLAND

E3

E4 Position Applied For PASTORAL CARE WORKER / VISITOR

E5

Confirmation of Identity
The person countersigning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of identity must be checked; if possible, one of them should be photographic. These should confirm the name, the date of birth and the current home address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.

E6	Birth Certificate	Passport	Driving Licence (with photograph)	Driving Licence (without photograph)	National ID Card	National Entitlement Card	Other
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If 'Other' please state the form of identification seen.

E7

E8

E9

E6 to E16: Please do NOT complete this section. This section will be completed by CRBS staff.

Registered Body Details

E10 Registered Body Name

E11 Registered Body/ Sub Account Code (Code of account to be invoiced.)

E12 Countersignatory Name

E13 Countersignatory Code

Countersigning on Behalf of Another Organisation

E14 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E15 Organisation Name

E16

PART F Countersignatory Declaration (Read Note F)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disc...

I confirm application immediately

F1/F2 Signature _____ Signature Date ____/____/____

F1/F2: Please do NOT sign the form at F1/F2. This will be signed by a representative of CRBS. Note: if you do sign this section then the form will be void and a new one will have to be completed.

The signature you supply here will be checked against the sample you supplied on the Registration application.

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

PROTECT – PERSONAL (WHEN COMPLETED) 04/00183335/DM23916Av1 **Page 3 of 4**



Personal Employer Details and Declaration

PART G To be completed by a Personal Employer (Read Note G)

Role Details

G1	Will the work be carried out at the home address of the Applicant?	Yes	No
G2	Position Applied For		
G3			

Pers

G4		
G5	Surname	
G6	Forename(s)	
G7		
G8	Contact Phone No.	
G9	Email Address	
G10		

Personal Employer Address This is the address your copy of the certificate will be sent to.

G11	Address (Number, Street)	
G12		
G13	Post Town	
G14	County	
G15	Post Code	
G16	Country	

PART H Declaration (Read Note H)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- -
- prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

H1/H2	Signature	Signature Date	/	/
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Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.